

**Santa Fe Day Spa
611 Doug Baker Blvd.
Birmingham, AL 35242
Toll Free: (866) 408-7816
Phone: (205) 408-7221**

Permanent Makeup Release Form

Please complete the release form and be certain that the address and telephone numbers are complete and correct. THANK YOU.

Name: _____ Age: _____
Address: _____
Date & Time: _____ City: _____
State: _____ Zip: _____

DISCLOSURE AND CONSENT FOR PIGMENTATION IMPLANTION FOR EYELINER, EYEBROWS, LIPS AND SCARS

You have to right to be informed so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to frighten you, it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I understand that no warranty to guarantee has been made to me as a result of this procedure. The procedure may not reach my expectations. There may be risks and hazards related to the performance of this procedure planned for me. I realize that there is potential for discomfort during and after the procedure. There is a possibility of bleeding and allergic reactions to the dye. I also understand that the tattooing is permanent; however, it may fade with time. I understand the misplacement of the dye can occur under rare circumstances requiring excision of the misplaced dye, in rare cases; there may be permanent loss or growth of eyelashes.

I understand a skin test may be performed if there are questions of allergy to the dye and the test and reactions, if they are to be used, they have been explained to me. I am free from drug and alcohol use or any other substances. I am not pregnant:

_____ (initial and date)

I understand that due to different genetics, very few people have 100% even facial bone structures and facial features.

My original hair color _____ and color now is _____.

My skin color is _____ and color now is _____.

My original eye color is _____. My own lip color is _____.

Brows

I design my own eyebrow style. ()

I order my PMU artist to do the eyebrow as I have drawn. ()

I let my PMU artist design my eyebrow and I have approved it. ()

Eyeliners(Upper, Lower)

I want my (upper, lower) eye line to be very (thick, thin).

I let my PMU artist design my eyeliner and I have approved it. ()

Lips and/or Lip liner

I want my lip line to be very (full, thinner than usual, thicker than usual).

I let my PMU artist design my lips for me and I approved it. ()

What is your desired out come with this procedure(s)? _____

I understand that many factors can affect the out come of this beauty service, which include, but are not limited to, issues such as stress, hormonal changes and certain medications. I understand that PMU attempts to improve, enhance, accentuate and beautify. I have been advised of the benefits and temporary discomforts.

I hereby consent to receive PMU beauty service and the above statements have been fully understood by me and that it was preceded by an explanation as to what is to be expected. I have read, fully understood, and agree to all of the above statements.

Client Signature & Date

Technician Signature & Date